

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>631173</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND	DEP.	IND.	DEP.	IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
1							51					
2							52					
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48							98					
49							99					
50							100					
TOTAL IND	4						TOTAL IND.					
TOTAL DEP.	16	↓	↓	↓	↓		TOTAL DEP.	↓	↓	↓	↓	
TOTAL CLAIMS	20						TOTAL CLAIMS					

10-6012-181

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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